Case 19-13113-mdc Doc 32 Filed 09/10/19 Entered 09/10/19 12:06:16 Desc Main

Fill in this information to identify your case:				L of	Check one box only as directed in this form and			
Debtor 1	James First Name	Fitzgerald Middle Name	Bowyer Last Name		Form 122A-1Supp: 1. There is no presumption of abuse.			
(Spouse, if filing)		Middle Name the: Eastern District of F	Last Name Pennsylvania		 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7</i> <i>Means Test Calculation</i> (Official Form 122A–2). 			
Case number (If known)	19-13113				3. The Means Test does not apply now because of qualified military service but it could apply later.			

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: **Calculate Your Current Monthly Income**

1.	□ No □ Ma	s your marital and filing status? Check one only. It married. Fill out Column A, lines 2-11. It married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. It is and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
		Living separately or are legally separated . Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).
	Fill in t	the average monthly income that you received from all sources, derived during the 6 full months before you file this

bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space

	income from that property in one column only. If you have nothing to report for any line, write 50 in the space.					
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).			\$ <u>5,400.00</u>		
3.	Alimony and maintenance payments. Do not include paym Column B is filled in.	nents from a spouse if	\$0.00	\$0.00		
4.	All amounts from any source which are regularly paid for of you or your dependents, including child support. Including an unmarried partner, members of your household, your and roommates. Include regular contributions from a spouse filled in. Do not include payments you listed on line 3.	ude regular contributions r dependents, parents,	\$0.00	\$0.00		
5.	Net income from operating a business, profession, or farm Gross receipts (before all deductions) Del	ebtor 1 Debtor 2 \$				
	Ordinary and necessary operating expenses - \$	\$				
	Net monthly income from a business, profession, or farm \$	\$0.00 _\$0.00 Copy	\$0.00	\$0.00		
6.	Net income from rental and other real property Gross receipts (before all deductions) Del	ebtor 1 Debtor 2 \$ \$				
	Ordinary and necessary operating expenses - \$	\$ \$				
	Net monthly income from rental or other real property \$	\$ 0.00 \$ 0.00 Copy here →	\$0.00	\$0.0 <u>0</u>		
7.	Interest, dividends, and royalties		\$0.00	\$0.00		

Case 19-13113-mdc Doc 32 Filed 09/10/19 Entered 09/10/19 12:06:16 Desc Main Document Page 2 of 2

Debtor 1	James First Name Midd	Fitzgerald e Name Last Name	Bowyer	Ca	se numb	er (if known)_1	<u>9-13113</u>	8	
					Column Debtor 1		Column Debtor 2 non-filin		
8. Un	employment compens	ation			\$	0.00	\$	0.00	
und	der the Social Security	you contend that the amo	Ψ	:					
	,		,						
	, ,	come. Do not include any	Ψ	2					
	nefit under the Social S		amount received that was	а	\$	0.00	\$	0.00	
Do as	not include any benefit a victim of a war crime,	urces not listed above. S s received under the Socia a crime against humanity, other sources on a separa	al Security Act or payments or international or domest	s received tic					
		· · · · · · · · · · · · · · · · · · ·			\$	0.00	\$	0.00	
_					\$	0.00	\$	0.00	
To	otal amounts from sepa	rate pages, if any.		4	+ \$	0.00	+ \$	0.00	
		ent monthly income. Add I for Column A to the total		ch	\$	0.00	\$ <u> </u>	,400.00	= \$\sum_{\\$ 5,400.00}\$ Total current monthly income
Part 2	2- Determine Whe	ther the Means Test	Applies to You						monany moonie
12. Cal		onthly income for the ye							
12a	Copy your total curr	ent monthly income from li	ne 11			Сор	y line 11 h	ere →	\$ 5,400.00
	Multiply by 12 (the r	number of months in a year	·).					_	x 12
12b	. The result is your a	nnual income for this part o	f the form.					12b.	\$ 64,800.00
13. Ca	lculate the median far	nily income that applies t	o you. Follow these steps	s :					
Fill	in the state in which yo	u live.	РА						
Fill	in the number of peopl	e in your household.	2						
Fill	in the median family in	come for your state and size	ze of household					13.	\$ 66,649.00
		median income amounts, ç his list may also be availa			separa	ite			
14. Ho	w do the lines compa	re?							
14a	Line 12b is less the Go to Part 3.	nan or equal to line 13. On	the top of page 1, check b	oox 1, <i>There</i>	is no pi	resumption	of abuse.		
145		than line 13. On the top of fill out Form 122A–2.	page 1, check box 2, <i>The</i>	presumption	n of abu	ıse is deteri	mined by I	Form 122A	-2.
Part 3	Sign Below								
	By signing here, I	declare under penalty of pe	erjury that the information	on this state	ment ar	nd in any at	tachments	s is true and	d correct.
	🗴 /s/ James F	itzgerald Bowyer		x					
	Signature of Deb	tor 1		Signat	ture of De	ebtor 2			
	Date 09/10/2 MM / DD			Date	MM / DI	D / YYYY	-		
	If vou checked	line 14a, do NOT fill out or	file Form 122A–2.						
	Ť	line 14b, fill out Form 122/		n.					